

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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	101 C 3	F# 12: 53

1. Entity ID Number	Entity ID Number 2. Exact name of the Limited Liability Company						
150019	Prentice Avenue 11.C						
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island						
531390							
5. State of Formation	1 , <u>v</u>	2001	Estate.				
RI	۱,۰۰۰	1(0)					
6 Principal Office Address			City	State	Zip		
41 Prentice Aue			Pautaket	RI	02860		
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name SCSCO MCV1N5			Contact Title				
Street Address Acre Acre			City Pariticket	State 1	Zip 02-8400		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.							
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
Name of Authorized Person Date							
Jason Martins 11/12/2021							
Signature of Authorized Person							
L	<u>.</u>						
FILED: 12:58							

MAIL TO:

**Division of Business Services** 

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